

Congressman Stephen F. Lynch

Testimony before the Veterans' Affairs

Subcommittee on Health, March 19, 2003 2pm

Thank you Mr. Chairman and members of the subcommittee for this opportunity to testify in support of HR 372, The Veterans Pharmacy Access Bill that I introduced earlier this year.

This bill would simply establish a pilot program in VISN one New England, to allow non-VA doctors to write prescriptions for veterans that would be honored at VA pharmacies.

Not only will the improved pharmacy program reduce wait times for an appointment at the VA, I believe it will save help our veterans by giving them access to much needed prescription drugs.

For every veteran that takes advantage of the program, that's one less doctor's visit, fewer medical tests paid for by the VA, and less administrative paperwork.

Additionally, because this program will help to shrink the VA waiting list, fewer veterans will be forced to resort to the emergency room for their care. I believe that all these factors will help the VA to become a better medical provider for our veterans.

I filed this bill as a direct result of meeting with constituents of mine, veterans, who came to me when I was first elected to tell me about their problems accessing the veterans' health care system. I have spoken to dozens of veterans in my district *alone* who are coming to the VA solely because of the prescription drug benefit.

As this committee well knows, the VA is mandated to schedule routine primary care appointments within 30 days of the day of request, as well as specialty care appointments. Additionally, patients are supposed to be seen within 20 minutes of their scheduled appointment time. Unfortunately, in many cases these goals are not being met.

Today, there are over 200,000 veterans nationwide on a list, waiting to see a doctor. Of that number, there are over 13,000 veterans in VISN one, New England.¹

Recently, the VA has made moves to limit access for veterans to health care with the suspension of enrollment for so-called priority 7 and 8 veterans, as well as the initiative reported last year to scale back their outreach activities, I believe that these initiatives send the wrong message to our veterans.

Like many members of this committee, I believe that the VA healthcare system should not be a discretionary funding measure. We must fully fund this system through mandatory appropriations. However, the reality is that until we in congress make that determination, funds are limited and must be stretched further each year.

¹Veterans Health Administration Survey conducted February 18, 2003.

So, I believe we must be willing to look at initiatives that are creative and assist the VA in ensuring that timely access is available for our veterans.

In a report from August 2001², the general accounting office (GAO) reported that VA health care facilities that reduced provider involvement in services that do *not* require one-on-one physician-patient interaction saw a decrease in the wait for appointments.

I believe by giving veterans the option of using the VA's prescription drug service, without requiring VA doctors to okay decisions already made by non-VA affiliated physicians, we can cut down on the wait time that our veterans are experiencing for doctor's appointments.

I have spoken to regional VA officials about this proposal and have heard their concerns about continuum of care issues. I understand these concerns; like the VA I believe that our veterans deserve the best care possible. However, if veterans are unable to access the system whatsoever, then I have grave concerns for their individual care.

I also understand the VA's concern about the potential increased cost that veterans accessing the system solely for prescription drugs will bring. However, I think that this ignores the costs that we are already paying from Priority 7 and priority 8 veterans that have been accessing the system and scheduling appointments solely to receive the outpatient pharmacy benefit. We understand that these individuals are attracted to the

² See *VA Healthcare: More National Action Needed to Reduce Waiting Times, but Some Clinics Have Made Progress* (GAO-01-953, Aug. 2001)

system precisely because of the lack of a prescription benefit under Medicare and the VA's comparatively low-cost benefit.

Mr. Chairman, in other words we have seen that these veterans are already accessing the system, causing longer waiting times precisely because they must see a VA physician in order to participate in the pharmacy benefit.

Many of these veterans sought care from VA because they had been given an expensive prescription by another medical care provider, and they did not have insurance benefits that would pay the cost of that prescription. Frequently, these veterans indicate to us that they were covered by Medicare, and did not understand why they needed to see two providers at the government's expense, to treat the same condition.

We in VISN one New England have seen a roughly one-third increase in new patients in the network since 1998. The VA expects the number of new patients to double in the next five years. Over 60% of the new veterans coming into the system in New England are the so-called category 7's and 8's.

Many veterans come to the VA solely to take advantage of the prescription drug benefit offered. However, currently the VA will not fill prescriptions for veterans' authorized/recommended by non-VA affiliated doctors. This bill attempts to establish a process whereby veterans can come to the VA to have their prescription drug needs filled without duplicating doctor's visits and tests.

Mr. Chairman, I thought that by establishing a pilot program in VISN one New England, we could study the impacts that would result and see what works, what the problems would be, and if this is a proposal that could help the VA across the VISN's.

Once again, Mr. Chairman I would like to thank you and members of this subcommittee for your courtesy today. I appreciate the opportunity to testify and I look forward to working with all of you in the future.